

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>12-30-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected	N Non-elected
□ Allowed	I Interference
+	(Through numeral)..... Canceled	A Appeal
- Restricted	O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
attach additional sheet here